

TWO CASES

OF

“PAGET'S DISEASE OF THE NIPPLE.”

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Two well-marked typical examples of this rare disease have within the year come under my observation. The notes are of interest, as showing the natural course of the process and the obstinacy of the lesions to treatment. I shall not at the present time enter upon discussion as to the nature of the disease, nor shall I refer to the views or the labours of other observers on the subject, beyond the mere statement that attention was first directed to the disease by Sir James Paget, in 1874, and that since cases have been reported by Munro, Lawson, Napier, Butlin, Henry Morris, and others. It may also be stated, that particular study has been bestowed upon the disease by Thin, especially with regard to its nature, who has proposed to term it “malignant papillary dermatitis.” The disease has received but little notice outside of Great Britain. In this country but few cases are on record. By the majority of practitioners it is regarded as “chronic eczema of the nipple,” and, indeed, most of the reported cases bear this heading, accompanied, perhaps, by an interrogation mark. That it is not an eczema, but that it is a peculiar disease with a malignant tendency, the following cases will show.

CASE I. Mrs. L—, aged 65, spare, and in average health, was sent to me by Dr. J. D. Strawbridge, of Danville, Pa., on March 23, 1882, for advice and treatment concerning a chronic, obstinate disease of the right nipple, areola, and breast, of an eczematous nature. The lady, who was intelligent, gave this account of the disease. It began ten years ago in the centre of the nipple in the form of a “roughness” with slight scaling. This continued for a period of six months, with at times slight oozing and crusting, without, however, fissuring or becoming excoriated. It was treated with “caustics” for the next six months, at the end of which time the whole nipple was destroyed, as a result either of the disease or of treatment. From this date to the present time, a period of nine years, it has been gradually spreading, at first over the areola, then in the course of a few

years over the central portion of the breast, the disease being apparently superficial, and of a chronic inflammatory nature, but little different in its general character from eczema of this region. It has been accompanied by a variable amount of oozing, excoriation and crusting, and with almost constant itching, which of late has been excessive. The itching was comparatively slight during the first five years, but for the last two or three years it has been severe and constant. Within the last two years, moreover, the region of the nipple has become sunken, puckered, and ulcerated, while the whole breast has enlarged and has become fuller and firmer. At times it has felt tender and sore. No lumps or nodules, however, have at any time been felt. The lymphatic glands have never been affected. The treatment had, at intervals during the ten years, been vigorously pushed on the part of several physicians, the remedies used having been numerous and varied, including tar, chloral, carbolic acid, and iodoform; internally, arsenic was repeatedly prescribed, but the system never tolerated its use. There is no history of any similar disease, nor of cancer, in the family.

The following notes were recorded at the first examination: The disease occupies the central portion of the breast, and consists of an irregularly shaped, somewhat circular, sharply defined, chronically-inflamed patch, about two and a half inches in diameter, somewhat excoriated, slightly crusted, and scaly. The colour is a bright crimson red, and is much more vivid than that usually met with in eczema. In the central part of the lesion it is intense. It is less marked as the periphery is approached. The nipple has disappeared, its site being sunken and the seat of an irregularly rounded ulcer a half inch in diameter and a quarter inch in depth, with a granular, violaceous red base. The secretion is scanty. The areola, too, has gone. The patch is smooth and firm, and is considerably thickened, the border being well defined and slightly elevated. The amount of discharge from the lesion is slight. The subjective symptoms consist of pain and itching. At times (more frequently during the last year) slight darting pains through the breast are experienced. Itching is constantly present, and is very annoying. In the opinion of the patient, this is the most distressing symptom of the disease.

The patient was placed upon an ointment of pyrogallic acid, consisting of a drachm and a half of the acid, five drachms of resin cerate, and two drachms of lard. A week afterwards an extensive blackish crust had formed, which was removed with a poultice, and the open wound treated with a simple ointment. Two weeks later the pyrogallic acid ointment of increased strength, two and a half drachms to the ounce, was again used. Under this remedy, which acted as a caustic, together with repeated poulticing when a thick eschar formed, an open suppurating wound was produced. This treatment was persevered with for six weeks, when the wound was allowed to granulate under a simple emollient ointment. It was noticed that as long as the pyrogallic acid ointment was applied the itching was either in abeyance or entirely absent, returning as soon as this was abandoned for a simple ointment. During the summer the wound, including the ulcer, healed over, became paler, and the breast was in every way more comfortable, but three months afterwards the disease gradually relapsed into its former state. In October, 1882, a vigorous treatment with inunctions of tar ointment, and later with *sapo viridis* and tar ointment was instituted, but the tar produced redness, heat, and swelling, and had to be discontinued. The itching was subsequently markedly relieved by a lotion

consisting of a drachm each of sulphate of zinc and sulphuret of potash, a half drachm of glycerine, and four ounces of water. A month later, frictions with *sapo viridis*, and inunctions with sulphur ointments of different strengths were resorted to, but without benefit.

On the 16th of December, 1882, in consultation with Dr. Strawbridge, and with the assistance of Dr. Stelwagon, the wound was operated upon with the dermal curette, or scraping-spoon, the patient being under ether. Much of the tissue of the general surface of the patch was found to be soft, as in degenerating *lupus vulgaris*, and came away readily, but about the region of the nipple the tissues were tough, and could be removed only with difficulty. A cavity, three-quarters of an inch in depth and an inch in width, was made in the site of the nipple. The wound was dressed with simple ointment, and in two months had healed so kindly that it was thought a cure would probably result. But such was not the case, for it now began to reappear, accompanied with itching, and in six weeks had resumed its former characteristics. Excision of the whole gland was now advised, but at the time of writing the patient has not decided to submit to the operation.

CASE II. Mrs. S. A. B., aged 40, brunette, spare and debilitated, the mother of three children, applied to me October 15, 1882, for advice concerning a chronic inflammatory disease of the skin affecting the left breast and nipple, which she stated had defied the most varied treatment. The disease had begun six years before, in the form of a fissure on the nipple, which persisted, accompanied with slight oozing and crusting, and with itching, for about a year, without much change, when under the use of ointments and poultices, the disease began to spread slowly over the nipple. Soon the nipple showed signs of contracting and sinking into the breast, and during the next three years, becoming smaller each year, entirely disappeared. After this the disease spread slowly around the nipple, involving the areola, accompanied by slight oozing from time to time of a puriform nature, with itching, which has been gaining in intensity from year to year. At first this latter symptom was insignificant, but for the last three years it has been constant and most violent; of late it has been almost intolerable. At first the increase in the size of the lesion was scarcely perceptible from year to year, but during the last six months it has been much more rapid.

Upon examination the affected breast is noted to be small, but is larger, fuller, and firmer than the sound one. In places it is distinctly lumpy, hard, and even knotted, feeling like an ordinary scirrhouous in the early stage. This indurated state of the gland, she states, is a recent development. The lymphatic glands are not involved. The nipple and areola are entirely wanting, a glazed, here and there excoriated, partly crusted, bright, violaceous red, chronically inflamed, infiltrated, rounded patch, occupying this region. The lesion is firm; is about two inches in diameter; has a slightly raised border, and is very sharply defined against the sound skin. It has an eczematous look, and at first glance would doubtless be mistaken for this disease. The sharp line of demarcation, the border, the infiltration, the glazed surface, and the vivid colour, are, however, peculiar. Taken between the fingers the infiltration is noted to be superficial, and is not so deep as one would suppose from the appearance.

It is not necessary to dwell upon the treatment to which the lesion was subjected; suffice it to say strong ointments of calomel, tar, and pyrogallic acid were in turn resorted to without benefit. The pyrogallic acid oint-

ment, from one to three drachms to the ounce, applied continuously, spread upon a cloth, with the view of producing a caustic effect, was employed for several months, the crust being removed from time to time with a poultice. During the time that the ointment was applied and the lesion was discharging, there was great relief to the itching. Upon the wound granulating, however, the itching invariably returned, and the whole breast, moreover, became full and somewhat painful. In view of the indurated lesions within the gland (without doubt of a cancerous nature), and the inefficacy of the local treatment to relieve the infiltration, removal of the gland by excision was proposed, but the patient was unwilling to have the operation performed.

I have reported these cases to show the clinical features of a disease which is entitled to special consideration. It must be distinguished from eczema, which it resembles, and from ordinary cancer, which it is altogether unlike in its earlier stages. It seems to occupy a ground having the characters of both diseases. The report is interesting as showing the natural history of the affection. This is peculiar. The course of the process is emphatically chronic. In both instances, moreover, the progress of the disease was insidious as well as slow. Nothing of a malignant nature was suspected until after the lapse of five and ten years respectively. The itching, which eventually became such a marked symptom, was in both cases insignificant until the affection had existed several years. It may be said not to have manifested itself until after the process had been well established. In this respect the disease differs decidedly from eczema, where itching is one of the first signs noted. The circumscribed, sharply defined outline of the lesion, and the slightly elevated border are also symptoms which do not obtain in eczema. The brilliant colour of the lesion is striking, and is more marked than in eczema. The absence of the "eczematous surface," characterized by appreciable discharge or by vesicles, pustules, or puncta, coming and going from time to time; and the absence of exacerbations, so usual in eczema, may also be referred to. A point to which attention may also be directed is the infiltration, which is firm or even hard, but is not deep-seated. It is rather superficial. In eczema, on the other hand, it is soft.

The pains coming on later in the course of the disease, and the indurated, lumpy, or knotted lesions within the gland structure, of course point strongly to the malignant or cancerous nature of the disease, the existence of which cannot be doubted.